STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445272	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABRY HEALTH CARE	1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the electrical equipment. The findings included: 1. On 6/4/12 at 12:30 P.M., observation within the Human Resource office revealed there was an electric outlet behind the copy machine without a cover plate. 2. On 6/4/12 at 2:15 P.M., testing of the Ground Fault Circuit Interrupter (GFCI) units in rooms C-13 and C15 revealed the units did not trip. These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 6/4/12.	K 147	K 147 Step 1. Cover plate in Human resource office has been replaced. Two GCFI breakers were replaced in Room C13and C15. Step 2. Maintenance will check weekly to ensure all residents are kept out of harm's way. Step 3. Maintenance will inspect all rooms monthly to ensure that all electrical plate covers are on and GCFI breakers are working. Step4. Maintenance will check rooms weekly to ensure working order and give to QA program.	7/3/2012

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathleen M. Graves | TITLE: Adm | (X6) DATE: 6/19/2012

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

JUN 21 2012